EXHIBIT 1

Document 7-2 Filed 07/09/20 Case 1:07-cv-04081-DAB \* 0 9 2 5 8 Annual GRACE, KICIA West Care Medical Associates ANNUAL VISIT FORM DATE: 2/10/05 PATIENT NAME TOWN AGE: 3 GIPO CHIEF COMPLAINTS: CHANGES IN-MEDICAL HISTORY: CHANGES IN FAMILY HISTORY: MENSTRUATION: PREVENTIVE CHECK LIST: BSE: DIET: B.C: EXERCISE: SMOKING: PAP: UX MAMMOGRAM: MEDICATION: SEXUAL PARTNER: ALLERGY: VITAMINS: OTHER: CHOLESTEROL WT:1506 BP: 120 PE: Thyroid Skin Other . Other Comments Normal Breast/Nodes: R gulant of 0 ABDOMEN: PELVIC: EXT GENITALIA: B/U/S: VAGINA: CERVIX: UTERUS: ADNEXA: RV(RECTO VAGINAL): STOOL GUAIAC Negative Impression: Plant

Practitioner's Signature:

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West Care Medical Associates		3	
Λ	ANNUAL VISIT	<u>FORM</u>	10-11-11
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